



## 2019 Novel Coronavirus [COVID-19]

[phd3.idaho.gov/coronavirus](http://phd3.idaho.gov/coronavirus)

### COVID-19 Health Alert Levels:

#### Interim Criteria for Determining Health Alert Levels and Movement between Health Alert Levels

##### GOAL

Southwest District Health aims to:

Mitigate the rapid spread of COVID-19 disease and related morbidity and mortality by reducing or maintaining the rate of R (the reproduction number of the virus), to prevent overwhelming first responders, the healthcare system, and personal protective equipment (PPE) supplies in our region.

##### DETERMINING HEALTH ALERT LEVELS

###### QUANTITATIVE DATA

###### Syndromic

- Emergency room utilization by individuals with COVID-like illness
- Number of persons under monitoring (these are people who have been exposed to COVID-19, but not yet developed symptoms)

###### Epidemiologic

- Number of new case trend (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)
- Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing

###### Healthcare

- Number of hospitalizations of individuals diagnosed with COVID-19
- 10-day supply of personal protective equipment (PPE) in hospitals
- Number of healthcare workers sick with COVID-19

###### QUALITATIVE DATA

**Healthcare:** Concerns raised by organizations (e.g., long-term care facilities, hospitals, or first responders) regarding COVID-19 observations and trends, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.

*This document was updated 07/28/2020 this document contains interim criteria for determining health levels guidance using available to-date information and is subject to change per emerging guidance.*

*Local Elected Officials:* Concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being and community vitality.

*Epidemiologic:* Descriptive data on incidence of new cases, cluster outbreaks, and levels of community transmission within defined geographic areas (e.g., city, sub-region, county).

## **GEOGRAPHIC BOUNDARIES**

Health Alert Levels will be established for each county. The current rate per 10,000 population will also be established using census tract data. Southwest District Health includes:

- Adams County
- Canyon County
- Gem County
- Owyhee County
- Payette County
- Washington County

## **COVID-19 HEALTH ALERT LEVELS**

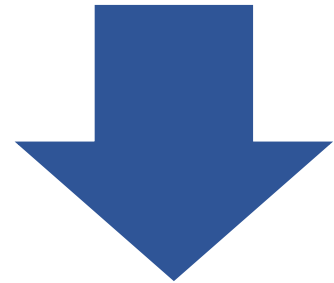
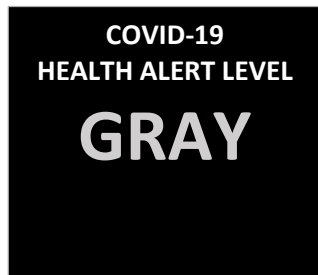
COVID-19 Health Alert Levels are intended to be an education tool to inform the public of activities that increase risk for exposure to disease and to communicate what the risk for exposure is in the local community (i.e., hot spots) across the six-county region. Criteria for assigning a health alert levels to a specific geographic area (e.g., census tract or county) are described on pages 5-8.

COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL	COVID-19 HEALTH ALERT LEVEL
RED	ORANGE	YELLOW	GRAY
HIGH RISK OF EXPOSURE	MEDIUM RISK OF EXPOSURE	LOW RISK OF EXPOSURE	ROUTINE RISK OF EXPOSURE

## CROSSWALK FOR SCHOOLS

[Idaho Back to School Framework](#) has identified three categories for determining transmission risk (table below). To assist schools located in the six-county region, Southwest District Health has cross-walked the *Idaho Back to School Framework* with the COVID-19 Health Alert Level advisory system.

"Identify Level of Transmission Risk"			
	Category 1: No Community Transmission	Category 2: Minimal to Moderate Community Transmission	Category 3: Substantial Community Transmission
Definitions	Evidence of isolated cases, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings, with potential for rapid increase in suspected cases.	Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc.
Level of Operations	School buildings open with physical distancing and sanitation.	School buildings open but option of limited/staggered use of school buildings with physical distancing and sanitation.	Targeted, short-term, or extended building closure.



## HEALTH ALERT LEVEL GRAY - ROUTINE

Health Alert Level Gray is determined when some or all of the following COVID-19 thresholds are met.

Data Point	Threshold
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"><li>no reported ED utilization data from the population, OR</li><li>sporadic visits (&gt;14 days apart), AND</li><li>visits are imported or associated with an exposure within a household</li></ul>
Number of persons under monitoring	<ul style="list-style-type: none"><li>no reported close contacts under monitoring, OR</li><li>close contacts under monitoring are associated with imported cases<sup>1</sup> or exposures within a household</li></ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"><li>in rural/frontier communities<sup>2</sup>: number of new cases occur sporadically (&gt;14 days apart), OR</li><li>in suburban/urban communities<sup>3</sup>: number of new cases are primarily imported or associated with an exposure within a household, OR</li><li>&lt;1 daily new case per 10,000 people</li></ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"><li>no long-term care facilities have cases under investigation, monitoring, or testing, OR</li><li>a case is imported, but no additional cases are reported within the facility following 14 days since last exposure</li></ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"><li>no hospitalizations from the population, OR</li><li>hospitalizations are due to imported cases, OR</li><li>hospitalizations are due to household transmission associated with an imported case</li></ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"><li>10 days of PPE available to local area hospital(s)</li></ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"><li>no reported cases in healthcare workers, OR</li><li>confirmed imported case in a healthcare worker, OR</li><li>healthcare worker was exposed to a household member that imported the disease</li></ul>
Healthcare industry input	no concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	no concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate limited risk of importing COVID-19 to a specific geographic area or sporadic cases are identified.

<sup>1</sup> Imported case(s) refer to individuals exposed to COVID-19 outside of the defined jurisdiction (e.g., city, sub-region, county, state)

<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

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## HEALTH ALERT LEVEL YELLOW – LOW

Health Alert Level Yellow is determined when some or all of the following COVID-19 thresholds are met.

Data Point	Threshold
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"><li>• low-volume visits (day(s) between visits or &lt;5 visits/day), OR</li><li>• visits are imported or associated with an exposure within a household or shared living space</li></ul>
Number of persons under monitoring	<ul style="list-style-type: none"><li>• &lt; 10 close contacts under monitoring/day, OR</li><li>• close contacts under monitoring are associated with imported cases<sup>1</sup> or exposures within a household</li></ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"><li>• in rural/frontier communities<sup>2</sup>: number of new cases occur sporadically, OR</li><li>• in suburban/urban communities<sup>3</sup>: number of new cases/day 1-2.5 daily new cases per 10,000 people, OR</li><li>• new cases are associated with a single or isolated cluster outbreak</li></ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"><li>• no long-term care facilities have cases under investigation, monitoring, or testing, OR</li><li>• a case is imported, but no additional cases are reported within the facility following 14 days since last exposure</li></ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"><li>• &lt; 5 hospitalizations from the population, OR</li><li>• hospitalizations are due to imported cases, OR</li><li>• hospitalizations are due to household transmission associated with an imported case</li></ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"><li>• more than 10 days of PPE available to local area hospital(s)</li></ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"><li>• &lt; 1 reported case/day in healthcare workers</li></ul>
Healthcare industry input	no concerns raised by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	no concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate sporadic imported cases within a specific geographic, occasional close contact transmission, and/or single or isolated cluster outbreaks.

<sup>1</sup> Imported case(s) refer to individuals exposed to COVID-19 outside of the defined jurisdiction (e.g., city, sub-region, county, state)

<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

## HEALTH ALERT LEVEL ORANGE - MEDIUM

Health Alert Level Orange is determined when some or all of the following COVID-19 thresholds are met.

Data Point	Threshold
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"><li>elevated ED visits (daily visits or &lt;10 visits/day)</li></ul>
Number of persons under monitoring	<ul style="list-style-type: none"><li>&lt; 20 close contacts under monitoring/day, OR</li><li>close contacts under monitoring are associated with social gatherings/events</li></ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"><li>in rural/frontier communities<sup>2</sup>: number of new cases occur &lt; 14 days apart, OR</li><li>in suburban/urban communities<sup>3</sup>: number of new cases/day 2.5-5 daily new cases per 10,000 people, OR</li><li>community spread is identified, OR</li><li>multiple cluster outbreaks</li></ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"><li>one or more long-term care facilities have a case(s) under investigation, monitoring, or testing, OR</li><li>disease transmission is occurring within a facility but contained to one area/unit/hall</li></ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"><li>&lt; 10 hospitalizations from the population</li></ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"><li>current supply or ability to reorder PPE may be at risk</li></ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"><li>&lt; 2 reported cases/day in healthcare workers</li></ul>
Healthcare industry input	elevated concern by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	elevated concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate community spread, meaning confirmed cases are uncertain of where they were exposed to the disease.

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<sup>2</sup> Populations less than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

<sup>3</sup> Populations greater than 20,000 in Adams, Canyon, Gem, Owyhee, Payette, and Washington Counties

## HEALTH ALERT LEVEL RED - HIGH

Health Alert Level Red is determined when some or all of the following COVID-19 thresholds are met.

Data Point	Threshold
Emergency department (ED) utilization by individuals with COVID-like illness	<ul style="list-style-type: none"><li>elevated ED visits (daily visits or &gt;10 visits/day)</li></ul>
Number of persons under monitoring	<ul style="list-style-type: none"><li>&gt; 20 new close contacts under monitoring/day</li></ul>
Number of new cases (confirmed and probable): Newly daily cases per 10,000 population (seven-day rolling average)	<ul style="list-style-type: none"><li>in rural/frontier communities<sup>2</sup>: number of new cases occur &lt; 7 days apart, OR</li><li>in suburban/urban communities<sup>3</sup>: number of new cases/day &gt; 5 daily new cases per 10,000 people, OR</li><li>sustained community spread, OR</li><li>widespread outbreaks</li></ul>
Number of long-term care facilities with COVID-19 cases currently under investigation, monitoring, or testing	<ul style="list-style-type: none"><li>one or more long-term care facilities have a case(s) under investigation, monitoring, or testing, OR</li><li>uncontained disease transmission is occurring within a facility</li></ul>
Number of hospitalizations of individuals diagnosed with COVID-19	<ul style="list-style-type: none"><li>&gt; 10 hospitalizations in a defined population, OR</li><li>increasing trend or predictive modeling indicates possible implementation of Crisis Standards of Care Plans</li></ul>
10-day supply of personal protective equipment (PPE) in hospitals	<ul style="list-style-type: none"><li>current supply or ability to reorder PPE may be at risk, OR</li><li>consideration being given to implement Crisis Standards of Care due to lack of PPE</li></ul>
Number of healthcare workers sick with COVID-19	<ul style="list-style-type: none"><li>&gt; 2 reported cases/day in healthcare workers, OR</li><li>consideration being given to implement Crisis Standards of care due to healthcare worker shortage</li></ul>
Healthcare industry input	concern by a healthcare industry (e.g., long-term care facilities, hospitals, or first responders) regarding their observations, ability or capacity to respond, or ability to secure necessary PPE or other medical resources.
Local elected official input	concerns raised by town, city, or county elected officials on behalf of their constituents regarding impacts to health, safety, well-being, and community vitality.
Epidemiologists' input	descriptive data indicate sustained community spread and/or widespread outbreaks.

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## MOVEMENT BETWEEN HEALTH ALERT LEVELS

The *Movement Between Health Alert Levels* is used in conjunction with *Determining Health Alert Levels*. Southwest District Health (SWDH) will use these data points to establish Health Alert Levels, determine when to move from one Health Alert Level to another, and provide information, guidance, and recommendations to the residents and businesses of the six-county region.

### CRITERIA FOR MOVING BETWEEN LEVELS

#### Epidemiology:

- New confirmed case trend: using calculated new daily cases per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- Estimated death trend: New daily deaths per 10,000 population \*100 (assuming benchmark 1-1.5% infection fatality rate) (seven-day rolling average); + trend direction and rate (stratified by census tract and county)
- New daily hospitalizations per 10,000 population (seven-day rolling average); + trend direction and rate (stratified by census tract and county)

#### Response Capacity:

- Testing, tracing, and monitoring (TTM)
- Use of other non-pharmaceutical interventions (e.g., social/physical distancing, face covers)
- Therapeutic capacity (e.g., hospital beds, ICU beds, ventilators, healthcare workforce)
- Protection capacity (capacity to identify and meet the needs of vulnerable populations (e.g., homeless, elderly, first responders))
- Disease surveillance capacity (e.g., funding and staffing for epidemiologists, contract tracers, and health monitors)

### TIMELINE FOR MEASUREMENTS

Data will be posted to the SWDH Tableau Dashboard each Monday and Thursday, by 12 noon.

Health Alert Level assessments will be made on Mondays based on the prior two weeks' data (assessing 7-day averages of quantitative data points), starting on a Sunday and ending on a Saturday. At least two full weeks will be spent in a Health Alert Level before determinations to move to a lower less severe level (e.g., from High to Medium).

### DETERMINATIONS TO MOVE TO A HIGHER ALERT LEVEL MAY BE MADE AT ANY TIME IF ANY OF THE CRITERIA BELOW ARE MET:

- Crisis standards of care are implemented
- Senior leadership at a local hospital indicates that further increases in cases in the community will overwhelm local hospital capacity
- Epidemiologic evidence of a new or emerging significant risk to the public's health

These COVID levels (see table below) provide a roadmap that helps decision-makers and community members know where they are and what mitigation strategies may be appropriate based on their community's level of disease spread. The gray level aligns with the CDC's low incidence plateau threshold. The levels communicate the intensity of effort needed for control of COVID at varying levels of community spread. In addition to paying attention to the levels, decision-makers should pay close attention to direction of trend and rate of change. While jurisdictions may plateau in yellow, in the orange level, spread tends to have more velocity.

COVID Health Alert Level	Corresponding Community Mitigation Strategies
<b>Red (High)</b> <b>&gt;5 daily new cases per 10,000 people*</b>	<p>At the red level, communities have reached a tipping point for uncontrolled spread. Southwest District Health <i>may</i> institute:</p> <ul style="list-style-type: none"> <li>• education, information, and messages, AND/OR</li> <li>• recommendations for use of face coverings, AND/OR</li> <li>• recommendations for 1 person per 64 square feet of space at events, AND/OR</li> <li>• recommendations for remote work when available, AND/OR</li> <li>• recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households, AND/OR</li> <li>• recommendations limited visitation to long term care and correctional facilities.</li> </ul>
<b>Orange (Medium)</b> <b>2.5-5 daily new cases per 10,000 people*</b>	<p>At orange levels, community spread has accelerated. Southwest District Health <i>may</i> institute:</p> <ul style="list-style-type: none"> <li>• education, information, and messages, AND/OR</li> <li>• recommendations for 1 person per 64 square feet of space at events, AND/OR</li> <li>• recommendations for use of face coverings, AND/OR</li> <li>• recommendations to vulnerable populations to limit participation in high-risk for exposure activities like some team sports or activities requiring close contact (e.g., football, basketball, dancing, choir), attending events where physical distancing cannot be maintained (e.g., general admission concerts and other public entertainment events), family or social gatherings that bring people together from different households.</li> </ul>
<b>Yellow (Low)</b> <b>1-2.5 daily new cases per 10,000 people*</b>	<p>At yellow levels, there may be sporadic imported cases, uptick in close contact transmission, or isolated cluster outbreaks. Southwest District Health <i>may</i> institute:</p> <ul style="list-style-type: none"> <li>• education, information, and messages</li> <li>• recommendations for 1 person per 64 square feet of space at events, AND/OR</li> <li>• recommendations for use of face coverings.</li> </ul>
<b>Gray (Routine)</b> <b>&lt;1 daily new cases per 10,000 people*</b>	<p>At the gray level, communities are on track for containment so long as they maintain routine levels of viral testing (i.e., this is not a reference to antibody testing) and contact tracing, sufficient to control spikes and outbreaks. Viral testing should be used both for symptomatic and asymptomatic individuals, with the latter needed to detect cases flowing from exposure, and to routinely screen for infections in congregate settings and other critical context scenarios (e.g., elective surgery, hospital admission without symptoms suggestive of COVID-19, etc.), or as requirements of disease surveillance programs.</p>

\* The 7-day daily average incidence of new case range will be used along with other data thresholds to make decisions when considering moving between health alert levels and will not be used as a single indicator/cutoff/trigger to move to a higher or lower level.

## TESTING, TRACING, AND MONITORING (TTM) KEY PERFORMANCE INDICATORS

**Routine level** of TTM resources are used in communities that are gray to contain spikes and outbreaks. For communities at the gray level, the goal is to have adequate TTM resources to stop community spread. It continues to be important to measure communities along all capability measures: TTM capability, other NPI capability, protection capability, treatment capability, and surveillance capability.

**Surge levels** of TTM resources are needed once there is community spread. Communities at the yellow level have spikes that may also indicate community spread. Jurisdictions at Orange and Red levels are experiencing higher community spread. These jurisdictions at Orange or Red need “surge” levels of TTM resources to drive the disease back. Once a community has progressed along the path toward zero and returned to gray level status, the levels of testing capacity and contact tracing it needed should dramatically decline.

A **mitigation surge** targets efforts and resources to broad and accessible testing, lowering the test positivity rate to <10%, and for 60% of positives not coming from critical context testing (e.g., congregate settings, elective surgeries, hospital admissions without symptoms suggestive of COVID-19, etc.).

A surge of testing and tracing resources is a temporary need; only the resources needed at the routine level are permanent until a vaccine becomes widely available, presuming effective and durable immunity.

Key Performance Indicators for Contact Tracing are as follows:

	Routine/Gray	Mitigations/Yellow, Orange or Red	Data Source
Contact Tracing			
Capacity			
Number of Tracers	1 tracer per 10k population (includes epidemiologists, contact tracers, and monitors)	2 tracers per 10k population with use of SaraAlert	Operations Section Chief/Epi Branch
Performance			
New COVID-19 cases with and without a known source	>90%	>80%	NBS
Percent of cases with follow up initiated within 24 hours	95%	95%	NBS
New COVID-19 cases and time to follow up	24 hours	24 hours	NBS
Percent of COVID-19 cases not traced to a known source	10%	30%	NBS
Percent of contacts with symptoms at time of trace (i.e., first contact by epi)	Close to zero	Close to zero	SaraAlert & Phone only database
Percent traced contacts in quarantine, isolation, or active monitoring	90%	90%	SaraAlert & Phone only database
Percent of symptomatic traced contacts tested*	90%	90%	SaraAlert, phone only database, NBS, & Epi Team Lead
*asymptomatic screening may be recommended when resources and reliable testing is available			

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## VIRAL (PCR) TESTING KEY PERFORMANCE INDICATORS

Key Performance Indicators for Viral (PCR) Testing are as follows:

	Maintenance/Gray Level	Mitigation/Yellow, Orange, Red Levels	Data Source
Viral Testing Capacity			
Access	Anyone should be able to access a test regardless of symptoms	Anyone should be able to access a test regardless of symptoms	Testing Branch or County Emergency Manager
Supply	Sufficient to test for therapeutic purposes; hot spot testing purposes; contact tracing purposes for several links of the chain following from an index case to further positives to their contacts, and so on; surveillance purposes; and critical context purposes.	Sufficient to test for therapeutic purposes, hot spot testing purposes, surveillance purposes, and critical context purposes.	Testing Branch or County Emergency Manager
Performance			
Turnaround time	24 hours	24 hours	NBS
Positive Test Ratio	<1%	Less than 10%	DHW

## REFERENCES

An Approach for Monitoring and Evaluating Community Mitigation Strategies for COVID-19. CDC. June 20, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/php/monitoring-evaluating-community-mitigation-strategies.html>

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